Hyde (J. W.)

# Four Cases of Tait's Operation.

BY

JOEL W. HYDE, M. D.,

CONSULTING GYNÆCOLOGIST AND OBSTETRICIAN TO LONG ISLAND COLLEGE HOSPITAL; CHIEF TO THE DEPARTMENT OF OBSTETRICS, ST. MARY'S HOSPITAL, BROOKLYN; MEMBER OF KINGS COUNTY MEDICAL SOCIETY, AND MEMBER OF THE BROOKLYN PATHOLOGICAL SOCIETY.

REPRINTED FROM

The New York Medical Journal

*for October 17, 1885.*

*Reprinted from the New York Medical Journal*
*for October 17, 1885.*


# FOUR CASES OF TAIT'S OPERATION.*

By JOEL W. HYDE, M. D.,

CONSULTING GYNÆCOLOGIST AND OBSTETRICIAN TO LONG ISLAND COLLEGE HOSPITAL; CHIEF TO THE DEPARTMENT OF OBSTETRICS, ST. MARY'S HOSPITAL, BROOKLYN; MEMBER OF KINGS COUNTY MEDICAL SOCIETY, AND MEMBER OF THE BROOKLYN PATHOLOGICAL SOCIETY.

Tait's operation for the removal of the diseased uterine appendages has, during the last decade, passed through all the stages of criticism by the profession, from that of astonishment at its boldness and denunciation of the use of so radical a treatment, to that of an almost universal acknowledgment of its value.

There are still, however, a few medical men who shake their heads and repeat the old threadbare arguments against this operation which have been answered a hundred times over, and, at last, with statistics so overwhelmingly convincing, both as to the safety of the operation and its satisfactory results, that few now deny it its proper place in surgical history and science.

Battey first operated in this country (1872) for the removal of diseased ovaries. His operations failed more frequently of good results than those of the present day, as he found that menstruation often continued uninterrupted.

* Read before the Brooklyn Pathological Society, April 23, 1885.

To hold this function in abeyance was, moreover, the great desideratum.

Tait afterward announced his belief that the Fallopian tubes were an important factor in menstruation, and that they should also be removed in order to bring about the menopause more rapidly; furthermore, this was necessary, as the tubes were as likely as the ovaries to be the seat of the disease sought to be remedied by the operation.

From this came the name of "Tait's operation"; and he certainly has the honor of having performed it a greater number of times, and with less resulting mortality, than any other living surgeon.

I have reported these cases for two reasons: 1. Because the ætiology is, I believe, unique in at least two of them—one being of malarial, and another of scarlatinal origin. 2. In an operation of so recent adoption and of such gravity, the most accurate statistics of all cases should be preserved for future use.

I have, furthermore, purposely delayed this report for several months that I might be able to give, not only the history of the operations, but also the subsequent condition of the patients.

Case I.—Mrs. M. M., American, aged twenty-nine, married nine years. Menstruated first at about fourteen years of age. Menses normal, except that they were profuse. At seventeen she began to suffer much from dysmenorrhœa, and her flow was menorrhagic; still later it became metrorrhagic, it often being difficult to define the beginning or ending of a period.

At eighteen she had an attack of peritonitis, which was so severe as to compel quietude in her room for months.

Subsequently her general health improved somewhat, and she married. Her periods of intense suffering soon reappeared, however; her menstruation was more irregular, and the pain unfitted her for her ordinary household duties. Hystero-epileptic attacks became frequent, followed by melancholia, at which

times she exhibited a suicidal intent, and was three times prevented from taking her life by the watchfulness of friends.

I first saw Mrs. M. in June, 1883, and had her under care for three or four months. Treatment availed nothing except to mitigate her sufferings temporarily and disclose fully the nature of her disease, which was diagnosticated as chronic ovaritis of both sides, with salpingitis of the left side.

Tait's operation was finally advised, and readily acceded to by both patient and friends, as the only hope of future relief.

*Operation, November 11, 1883.*—An incision of two inches and a half was made in the median line, just above the pubes, and the abdominal cavity opened. The peritonitic adhesions were found to be so dense in every direction—all the viscera being matted together—that it required the most patient dissection with fingers, knife-handle, and scissors, before the fundus uteri could be reached; this was found bound down with the Fallopian tubes so firmly that it was necessary to increase the abdominal opening sufficiently to pass in the whole hand, to reach and tear the ovary from its bed of strong adhesions. This accomplished, the tube was transfixed as closely as possible to the uterus with a double silk carbolized ligature, one half tied on each side, and the left ovary and tube removed. The right ovary and tube were then sought and removed by the same tedious process, and presented much the same appearance, except that the cysts in the left ovary were larger than in the right. The stumps were thoroughly seared with the galvano-cautery. The left Fallopian tube was only a little over an inch in length, much distended, and gave every evidence of the correctness of the diagnosis of salpingitis. The right tube was about two inches and a half long, with some dropsical distension near inner third. The wound and cavity were now carefully cleansed with a two-per-cent. carbolized solution, great care being taken to guard against any points of oozing, after which

the abdominal wound was brought together with nine deep silver sutures and silk superficial sutures. The dressings used were Am Ende's—naphthalinated dressings of cotton, cotton gauze, and jute, completed with a flannel binder. Sickness at the stomach was relieved by small quantities of hot water sipped, and pain allayed by opium, large quantities of which were used owing to her previous opium habit. This habit she had entirely conquered by the third week, and has not resorted to it since. The sutures were all removed by the tenth day. Her temperature never rose above 100·75° F., and her convalescence was prompt.

She has recovered all her former cheerfulness of manner, and, while not a robust person, is able to perform the duties of her household with a fair modicum of comfort.

She still continues to menstruate, now eighteen months after the operation; but her periods, which, after the operation, were at first five days, have gradually grown to be about one day in duration, and a greater lapse of time between them.

Case II.—L. J., American, aged twenty-seven, unmarried. Menstruated first at sixteen, always irregularly and profusely. Of late years she has suffered intensely with dysmenorrhœa, headache, loss of appetite, and especially with pain in the region of the sacral plexus. This pain has been of that character that she has been unable to lie on her back for several years, and what little sleep she obtained was in the genu-pectoral position with pillows stuffed up hard against her abdomen. She was treated for two years for spinal trouble by a specialist in New York, but I have never seen any evidences of such a difficulty. There is a very pronounced asymmetry of her body, but I learn from her mother that it has existed from her infancy. The mammary gland, the thigh, and leg of the left side were very much smaller than the corresponding parts on the right side; in fact, the whole muscular structure of the left side presented an appearance of atrophy.

There were great tenderness and pain over both iliac regions for the greater portion of the time, a general weariness and inability to do much or enjoy anything. She also had much mental depression and a desire to resort to extreme measures for relief. Examination revealed an enlarged and very tender right ovary, with a prolapsed left ovary; both tubal tracts very sensitive. Tait's operation advised and performed November 19, 1883, at Long Island College Hospital. There were no adhesions except a few which bound down the left ovary in its prolapsed situation behind the uterus, and which were readily separated; this ovary was considerably less than normal in size. Whether its small size was a part of the general asymmetry, previously mentioned as existing in this case, is difficult to decide, but I believe it to have been so. The right ovary was enlarged and distinctly cystic, one small cyst being ruptured while attempting to remove it. Both tubes were ligated as closely as possible to the uterus with carbolized catgut, seared with the cautery, and dropped back into the abdominal cavity. The same kind of sutures and dressing were used as in the previous case. She was placed back in bed in forty minutes, and, aside from some cystitis which developed the second week after the operation, convalesced rapidly.

She left the hospital November 30th, traveling by rail quite a distance to her country home.

Case III.—Mrs. G., aged thirty-five years; married; sterile; was always healthy and robust till seventeen years of age, when she had an attack of intermittent fever of great severity, the effects of which lasted two or three years. Following this she began to suffer with dysmenorrhœa, which every year increased in intensity, and which later on was complicated with evident attacks of localized peritonitis, both pelvic and abdominal. There was some constriction of the vagina, and small bands of adhesion ran between the cervix and upper vaginal walls on either side. Coitus was intolerable; and the most careful digital examination produced nausea and fainting, compelling her to keep her bed for that day. As far as it was possible to learn from

an examination, there was great tenderness of the left ovary; the right ovary was undetected, but an undefined and fluctuating mass filled up that region of the pelvis, which was supposed to be a cystic ovary. There was much less mobility of the uterus than usual. Tait's operation advised and performed at Long Island College Hospital, January 22, 1884. This operation was similar to the first in the vast adhesions everywhere encountered, and which rendered the whole work, from the first incision to the final touch, a blind and difficult dissection. The left ovary was first sought and found imbedded in strong adhesions near the side of the uterus. The Fallopian tube was not over an inch in length, much thickened, and convoluted. This was removed as closely as possible to the uterus and the stump cauterized. In searching for the right ovary the greatest care was used to separate the adhesions which densely involved all the tissues of that locality. In this effort, however, a cyst, as large as an orange perhaps, was ruptured. All efforts to find the right ovary failed, and we adopted the belief that it had degenerated into the cyst which had been so unfortunately ruptured. No effort was made to dissect out the walls of the cyst, which were strongly adherent to the bowels. The tube was removed in the same manner as before mentioned. The greatest caution was used in the toilet of the abdominal cavity, and the wound was closed with eight deep sutures of silver and Am Ende's dressings were applied. Although the operation was lengthy and the patient exhibited some shock, she rallied well the same afternoon, and, with a five-grain opium suppository, passed a comfortable but somewhat restless night. On the following morning she spoke cheerfully to me, remarking her freedom from pain. Pulse was 108, temperature 101°, respiration 24. At noon, same day, she presented evidence of becoming rapidly exhausted. Pulse 130, temperature 103°, respiration 30. Death occurred thirty-one hours after operation.

No urine was voided by this patient after the operation.

The attempt to relieve the bladder with the catheter was twice made, but resulted only in securing about an ounce

of turbid, bloody urine. The urine in this case had been repeatedly subjected to rigid analysis, but nothing was revealed which necessarily militated against an operation unless, possibly, the scanty amounts of solids found.

An autopsy was made fourteen hours after death. The abdominal wound was apparently beginning to unite by the first intention throughout its entire length, and all the deeper structures presented a favorable appearance.

The kidneys were enlarged, and presented marked evidences of fatty degeneration.

The right ovary was not found, and it was believed, after a careful examination of the ruptured cyst, that it was the product of degeneration of the ovary.

Death was undoubtedly due in this case to the condition of the kidneys.*

Case IV.—*Pyosalpinx.*—E. H., twenty-three years of age, single, very delicate, and of nervous temperament. Had suffered almost from her first menstrual period, which began at an unusually early age.

Two or three years prior to this she had a severe attack of scarlet fever, followed by scarlatinal nephritis and dropsy. At

* The operation in Case III was delayed from week to week on account of renal insufficiency.

Random specimens of urine showed nothing abnormal; but an examination of the total "out-put" for twenty-four hours invariably presented evidence of defective elimination of waste products.

Thus, for December 14, 1883:

Total quantity, 950 cubic centimetres; specific gravity, 1·019; solids, 38 grammes; urea, 19·5 grammes.

Acid; no albumin; no sugar; little coloring matter; oxalate of lime and a little pus in the sediment.

Numerous subsequent examinations merely served to verify the first analysis. The condition of the patient grew more and more unsupportable, and it was finally decided to grant her petition for the *dernier ressort.*

this time some of the pelvic pains seemed to have originated, which, later on, as menstruation developed, became the more acute and fixed pains of her present disease.

I may say here, parenthetically, that, if scarlet fever can invade one portion of the genito-urinary apparatus, I think it fair to assume that other portions may also be affected, and I see no reason why the ovaries and Fallopian tubes should be exempt.

In this case menstruation was irregular—generally at intervals of about three weeks—and rarely lasted less than ten days. Her suffering at these times evoked the pity of all her friends, and they sought relief for her from numerous members of the profession. All the characteristic symptoms of localized pain, reflex irritation, nervousness, and weakness, which are indicative of ovarian and tubal disease, were abundantly manifest.

Two unusual concomitants of her disease attracted my attention:

*First.* As her periods approached, the lymphatic glands of the lower portion of her body and thighs became tender, and, in a day or two, this was followed by a general tumefaction of all the adjacent tissues. The labia were two or three times their normal size, and both limbs were swollen and painful to move. The inguinal region was specially sensitive. This seems to have been a *rhythmic neurosis*, dependent entirely upon the regular periods of pelvic engorgement and excitement to reproduce it.

*Second.* After the second or third day of menstruation the discharge would vary at times from the normal appearance and become muco-purulent and exceedingly offensive—so much so as to suggest the fœtid odor of malignant disease.

These two conditions would be maintained to the close of each period, then subside, giving no further inconvenience till the succeeding period.

Examination in this case revealed the cervix pressing against the neck of the bladder and rather firmly fixed by previous inflammatory processes, moderate retroflexion with prolapsus of left ovary, and great fullness and tenderness over tubal tracts and ovaries.

*Operation, March 3, 1885.*—This was accomplished rapidly.

Some evidences of chronic pelvic peritonitis, deep-seated, but not sufficient to delay materially the operation. Both ovaries slightly enlarged, intensely engorged, and full of small cysts. These were removed, together with the tubes, as close to the uterus as it was possible to clamp and ligate.

Recovery from the effect of the operation was exceedingly prompt. The wound healed by the first intention, the temperature or pulse never rising above 100°.

Three months have elapsed now, and she has had no return of menstruation, beyond a slight molimen which appeared for two or three days after the operation. She, however, suffered from an attack of the rhythmic neurosis, previously mentioned, when her first month came around, but it was confined to one leg only, rather than both, as heretofore. This neurosis will probably soon cease entirely, as it is hoped and believed the majority of her previous discomforts will do.

*Résumé.*—There were four patients—two married and two unmarried.

Three lived, one died.

Two had extensive peritonitic adhesions; two had none.

Two have never menstruated since they were operated upon. One has continued to menstruate till the present time (about eighteen months), although the function has about ceased.

The one in whom the menstrual function has continued was one in whom the adhesions were very extensive; and perhaps this fact alone may have a bearing on the question of her prolonged menstruation. The two in whom the function ceased so promptly had no adhesions.

The prominent features of these cases are:

Case I.—Hystero-epilepsy. The prolonged menstruation after the operation.

Case II.—The asymmetry of the body.

Case III.—Salpingitis resulting from very severe malarial attack. Death from unsuspected renal disease.

Case IV.—Scarlatinal pyosalpinx.

The case of the last patient was particularly instructive from the peculiarities of the rhythmic neurosis and the fœtid discharge mentioned. I regret that I did not subject this discharge to Professor Ferguson's microscopical test for columnar ciliated epithelium, as it would have probably decided the question whether it was a drainage from a pyosalpinx, or the offensive discharge and detritus of a dysmenorrhœal membrane.

There appears to have been no special or positive evidence of gonorrhœal infection in a single one of these cases. I fully believe in the correctness of Dr. Noeggerath's statement, that there are great numbers of women who suffer from inflammations of the uterus and its annexa as a result of latent gonorrhœa, and I have now under my care ladies whose history makes it almost positively certain that their cases belong to this class; but the cases reported in this paper show that a considerable proportion at least *may* be autogenetic.

Mr. Lawson Tait has remarked that cases of diseased ovaries and oviducts can be relieved by nothing short of removal of the diseased organs; moreover, that these cases exist in great numbers, forming a large proportion of those in which the patients wander about from one practitioner to another seeking relief.

Mr. Tait has also supplemented this affirmation with a recent history of a large number of cases in which he has successfully removed the uterine appendages.

In the treatment, internal medication is practically valueless; nevertheless, we temporize with these cases for a while, using every fair endeavor to relieve pain and restore the function to a normal state. In early cases, where the

patients are surrounded by every comfort and care, some are relieved, but the mass of them never find relief short of an operation.

In the study of Tait's operation and the causes which have demanded so heroic treatment the whole profession must be interested. They are no longer obliged to turn away women who beg for something—*anything*—to relieve their sufferings, by telling them "there is nothing more that can be done for you."

I believe there is scarcely an operation known to surgery which invites better ultimate results; the only trouble is, they expect these good results too soon.

This operation results in a climacteric to the patient. I think as much time should be allowed for a full recovery of the general health after an operation of this nature as would be required in the case of an ordinary natural climacteric. There are few women who do not feel nerve and pain discomforts for many months at the menopause, and these discomforts are in exact ratio to the amount of possible disease existing in the uterus and its appendages at that time.

Since to bring about a menopause at an earlier age, by an operation for a disease, is an unnatural change, we may readily realize that at least as much time should be allowed for general recovery in the latter case as in the former.

I have been forcibly impressed with the enthusiasm with which the few upon whom I have performed this operation have accepted this serious alternative; in fact, after a short consideration of the subject, they have been unwilling to be put off with any other suggestions; they immediately see something tangible in this and are willing to risk their lives for the great stakes.

Fortunately, we are able to encourage them with almost a certainty of success.

All of these patients who are living have already demonstrated the success of the operation upon them. I happen to have seen during the past month two of them who live out of town; while neither is robust, both are free from the terrible distress in which they languished for so many years.

# The New York Medical Journal,

A WEEKLY REVIEW OF MEDICINE.

PUBLISHED BY
D. Appleton & Co.


EDITED BY
Frank P. Foster,
M. D.

THE NEW YORK MEDICAL JOURNAL, now in the twenty-first year of its publication, is published every Saturday, each number containing twenty-eight large, double-columned pages of reading-matter. By reason of the condensed form in which the matter is arranged, it contains more reading-matter than any other journal of its class in the United States. It is also more freely illustrated, and its illustrations are generally better executed, than is the case with other weekly journals.

It has a large circulation in all parts of the country, and it is largely on this account that it is enabled to obtain a high class of contributed articles, for authors know that through its columns they address the better part of the profession; a consideration which has not escaped the notice of advertisers, as shown by its increasing advertising patronage.

The special departments of the JOURNAL are as follows:

LECTURES.—The frequent publication of material of this sort is a prominent feature, and pains are taken to choose such as will prove valuable to the reader.

ORIGINAL COMMUNICATIONS.—In accepting articles of that class, regard is had more particularly to the wants of the general practitioner, and all the special branches of medicine are duly represented.

BOOK NOTICES.—Current publications are noticed in a spirit of fairness, and with the sole view of giving information to the reader.

CLINICAL REPORTS are also a regular feature of the Journal, embracing clinical records from the various hospitals and clinics, not only of New York, but of various other cities, together with clinical contributions from private practice.

EDITORIAL ARTICLES are numerous and carefully written, and we are able to give timely consideration to passing events.

MINOR PARAGRAPHS.—Under this heading are given short comments and notes on passing events.

NEWS ITEMS contain the latest news of interest to the profession.

OBITUARY NOTES announce the deaths which occur in the ranks of the profession, with a brief history of each individual when practicable.

SOCIETY PROCEEDINGS are given promptly, and those of a great number of societies figure. At the same time we select for publication only such as we think profitable to our readers.

REPORTS ON THE PROGRESS OF MEDICINE constitute a feature of the Journal which we have reason to think is highly valued by our readers.

MISCELLANY includes matter of general interest, and space is also given for NEW INVENTIONS and LETTERS TO THE EDITOR.

As a whole, we are warranted in saying that the NEW YORK MEDICAL JOURNAL is regarded with the highest favor by its readers and by its contemporaries.

**Subscription price, $5.00 per annum.**